

## Day Activity

**Definition:** Supports and services provided in therapeutic settings to enable participants to achieve, maintain, improve, or decelerate the loss of personal care, social or adaptive skills. Services are provided in non-residential settings that are licensed by the state. Community activities that originate from a facility licensed by the state will be provided and billed as Day Activity. On site attendance at the licensed facility is not required to receive services that originate from the facility.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon. The cost for transportation is included in the rate paid to the provider.

**Providers:** Day Activity Services will only be provided in or originate from facilities licensed by SCDDSN as Day Facilities.

**Arranging for the Service:** When you determine a participant needs Day Activity, they should be given a choice of providers of this service and the offering of choice must be documented. The participant and/or his/her family/guardian should be provided with a listing of enrolled providers. If there is only one available choice then this must be explained to the participant and/or his/her legal guardian and documented.

Prior to requesting Day Activity to the SCDDSN Waiver Administration Division, you must first ensure the service is included on the STS to make this change proceed to the services menu on the STS (**SVMEN**). Select **CHGAT** and enter SSN in Key 1 position. The day service that the participant is receiving will be displayed along with the activity type and how it is currently being funded. Enter the effective date (which is the enrollment date/budget begin date) and change the funding to Waiver ("**W**").

Once the request is approved, Day Activity can be authorized using the **Authorization for Services (ID/RD form DA-002)**. The **ID/RD Form DA-002** authorizes the Day Program to bill the local DSN Board provider for services rendered.

For individuals currently attending and determined to need the kind of assistance described in the Day Activity definition, **his/her plan must clearly reflect the specific assistance to be provided and the amount and frequency with which it will be provided.** Some examples of this assistance include training to learn to manage his/her own behavior, training to learn to dine independently, assistance with completion of exercises recommended by an Occupational or Physical Therapist, training to learn to interact appropriately with others, etc. For Day Activity, one unit equals one-half day as indicated by the individual's presence or absence as noted on the CDP or AAC roll book.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitorship include:

- Is the participant satisfied with his/her daily activity? Does the participant enjoy the work?
- Is the participant satisfied with the provider of his/her service?
- What type of training is the participant receiving? Is the participant satisfied with the training?
- Are the training areas consistent with the individual's overall goals, wants and desires?
- Is the participant making progress in training areas identified by goals and objectives? If not, are goals and objectives reviewed and amended as needed?
- What contract is the participant working on? Is the work consistent with the training objectives?
- Does the participant earn a competitive wage?
- Where does the participant want to work?
- Is the workshop clean and safe?
- What is the individual's attendance?
- What are the opportunities for choice given to the individual?
- Does the participant feel comfortable with staff?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 9** for specific details and procedures regarding written notification and the appeals process.